

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO				Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Application Number	10/615,158-Conf. #8240
				Filing Date	July 7, 2003
				First Named Inventor	Jeffrey P. Gilbard
				Art Unit	1612
				Examiner Name	Z. A. Fay
Sheet	2	of	2	Attorney Docket Number	2022(200696)

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	CA	Kronemyer, Bob, "Dry eye successfully treated with oral flaxseed oil," Ocular Surgery News (2000), 18(20):147	
	CB	Tsubota, Kazuo, "Novel Cause for Asthenopia," Igaku No Ayumi (1994), 168(9):828-829 (translation included)	✓

Examiner Signature		Date Considered	
--------------------	--	-----------------	--

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: October 14, 2009

Electronic Signature for Colleen McKiernan, Ph.D.: /Colleen McKiernan, Ph.D./